Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>11/01/2010</u>	Address:	<u>1320</u> S Villa
Case #:	<u>52F4</u> 9101		<u>Indianapolis</u>
County;	<u>Marion</u>		
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			
	onal Lab cal/Glassware/Equipment (only) itc (only)	☐ Residence ☑ Outbuilding ☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s): Garage			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: Garage			
Water Reactive Metal (Lithium);			
Anhydrous Ammonia:			
☐ Hydrochloric Acid Gas Generator(s): Garage			
Corrosive Acid: Garage			
Corrosive Base: Garage			
Other (item and location):			
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		Investigative Information ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other(IMPD	
This repor	t is to be faxed to the following ager	icies that serve the l	ocation:
Fire Depart	ment: <u>IFD</u>	Fax: 3 <u>17-327-6091</u>	
Health Department: Marion Co		Fax: <u>317-2</u> Fax:	
Child Prote	etion Service:		-
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Aaron Pfaff Phone 317-234-4591			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.